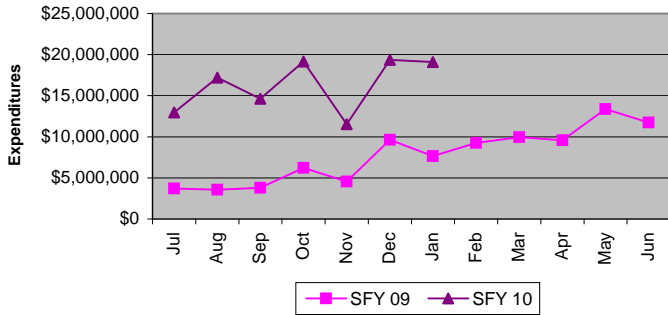
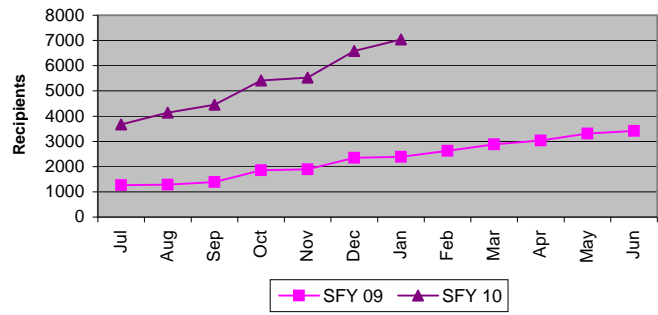


**ENHANCED SERVICES
DATE OF PAYMENT - THROUGH JAN 2010**

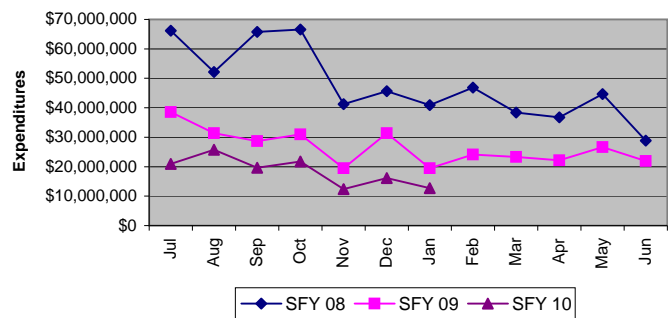
**Community Support Team
Expenditures**



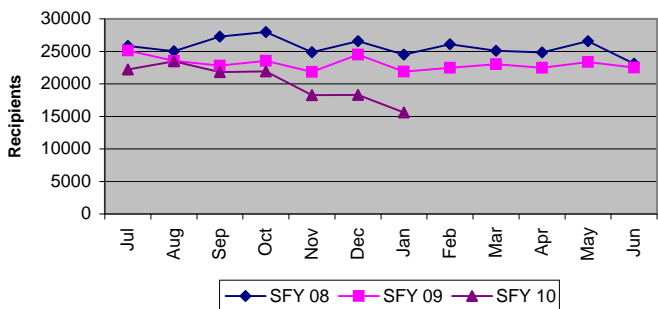
**Community Support Team
Recipients**



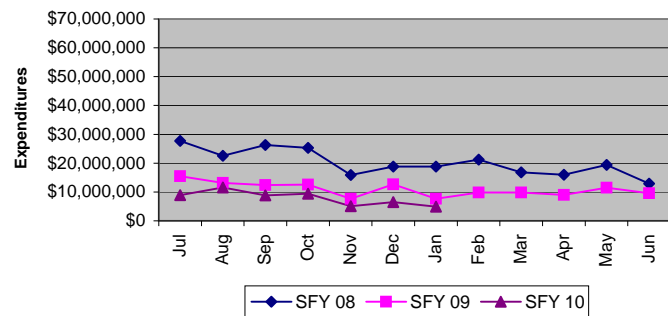
**Community Support - Individual Child
Expenditures**



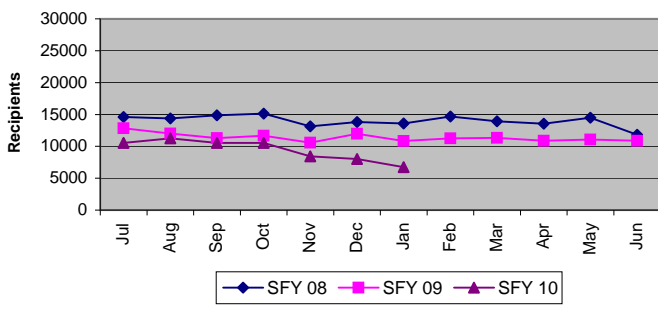
**Community Support - Individual Child
Recipients**



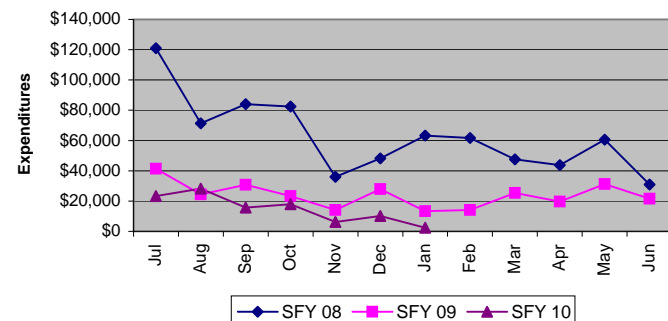
**Community Support - Individual Adult
Expenditures**



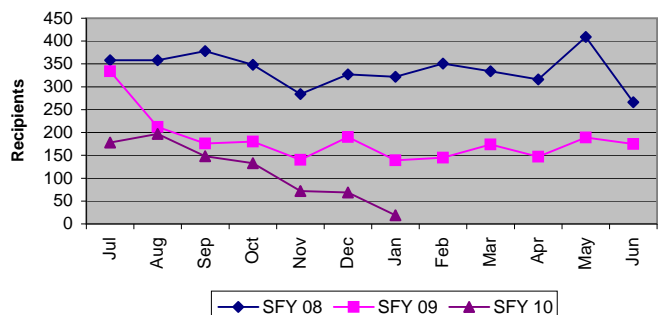
**Community Support - Individual Adult
Recipients**



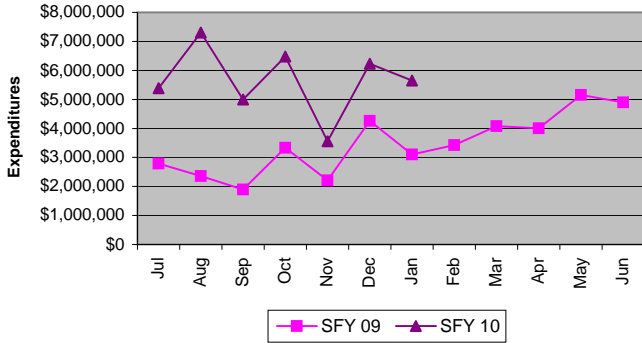
**Community Support - Group
Expenditures**



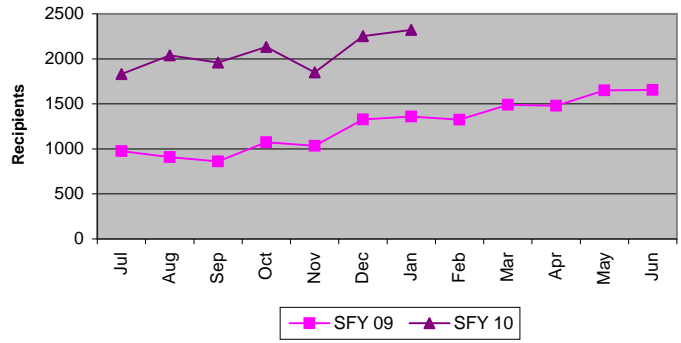
**Community Support - Group
Recipients**



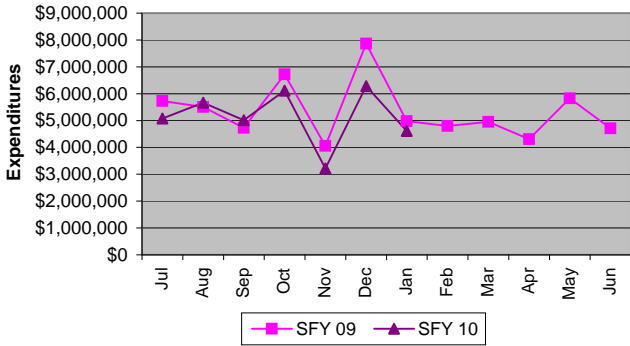
Child and Adolescent Day Treatment Expenditures



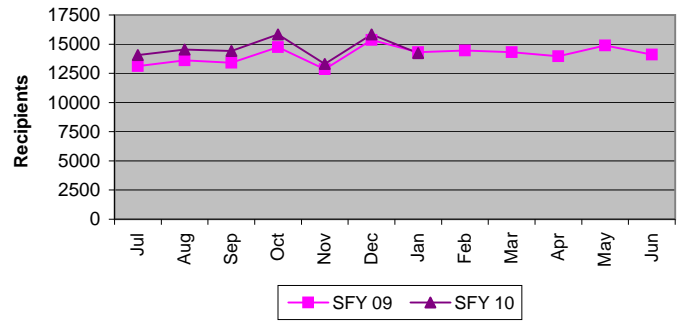
Child and Adolescent Day Treatment Recipients



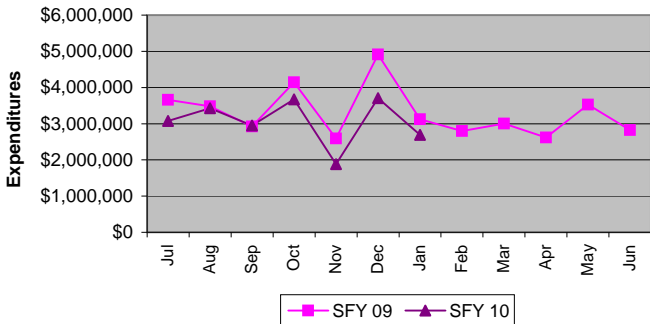
Targeted Case Management-DD ALL Expenditures



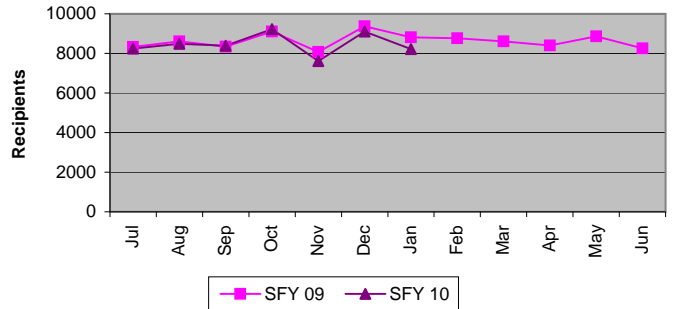
Targeted Case Management-DD ALL Recipients



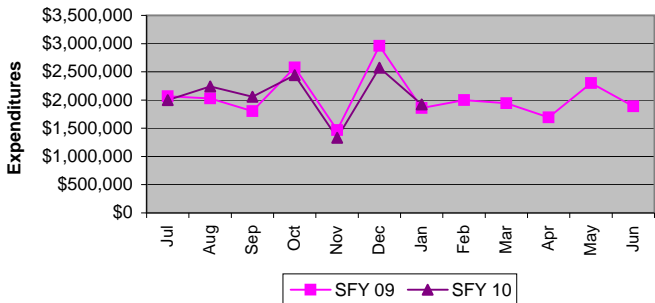
Targeted Case Management-DD CAP Only Expenditures



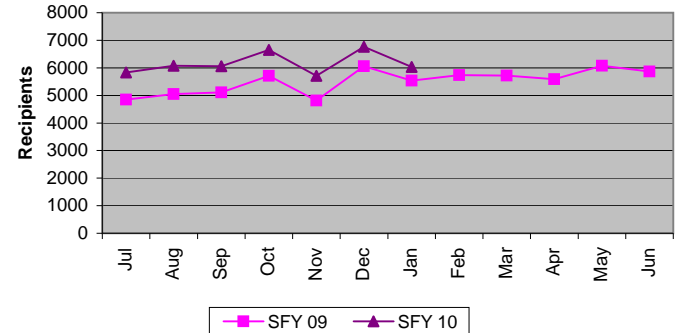
Targeted Case Management-DD CAP Only Recipients



Targeted Case Management-DD NON CAP only Expenditures



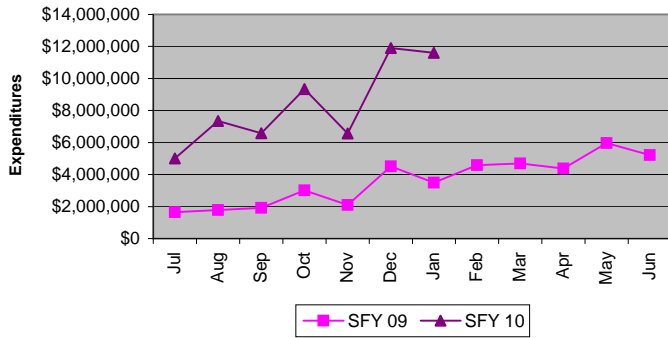
Targeted Case Management-DD NON CAP only Recipients



ENHANCED SERVICES

ME

Intensive In-Home Expenditures



Intensive In-Home Recipients

